

# Southeast Local Preschool Program

*Southeast Local Schools: A Community United in a Commitment to Learning*



Dear Parents of Preschool Children,

The Southeast Local School District would like to invite you to participate in the Southeast Local Preschool program (for 3, 4 and 5 year old children) that will be available for the 2019-2020 school year. Registration is now taking place.

## **Philosophy:**

Facilitate each child's learning to realize his/her full potential by emphasizing social, physical, mental and academic development through hands-on engaging experiences.

## **Curriculum:**

The preschool learning experiences will be established following the Ohio Department of Education Core Standards. These standards include Language Arts, Mathematics, Science and Social Studies.

## **Staffing:**

One teacher (prekindergarten certified) and one educational aide

## **Location:**

- The district preschool is located at Apple Creek Elementary.

**PLEASE COMPLETE THE SECTION BELOW & RETURN WITH REGISTRATION**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**NOTE: to register your child in the 4/5 year old program, they MUST turn 4 years old by August 1<sup>st</sup>!**

### **Class for 3 year old children:**

\_\_\_\_\_ Tuesday/Thursday / 9:15 - 11:30 a.m. \$80.00/Month

### **Classes for 4-5 year old children:** (Indicate a "1" for first choice and "2" for second):

\_\_\_\_\_ Monday/Wednesday/Friday ~ ALL DAY / 9:15 - 3:00 p.m. \$210.00/Month

Transportation is available for students who are on the Apple Creek Elementary bus routes and are attending the full-day program. \_\_\_\_\_ YES / \_\_\_\_\_ NO ~ My child will be riding the bus

\_\_\_\_\_ Tuesday/Thursday / 12:45 - 3:00 p.m. \$80.00/Month

Please list any pressing reason you must have a certain Session \_\_\_\_\_

**NOTE: If monthly fee is not paid by the first day of each month, an additional \$25.00 will be added as a late fee.**

*If tuition is still not received two weeks after due date, child cannot attend classes until the month is paid in full (including late fee).*

*(Financial assistance available for families with limited income)*

The preschool classes will begin on the first day of school for all students in the district (if your child would normally attend on that day) and will follow the school calendar year. Our district calendar for 2019-2020 is available on our website at [www.southeast.k12.oh.us](http://www.southeast.k12.oh.us)

**Children must be four years old on or before August 1<sup>st</sup> (for 4-5 year old program), and three years old on or before August 1<sup>st</sup> for 3 year old program to enroll at the beginning of the school year. If your child is not 3 by August 1<sup>st</sup>, and you would like to enroll them during the school year when they turn of age, you may enroll them if there is an opening at that time. Early entry to preschool will not qualify or warrant early entrance to Kindergarten. They must also be completely toilet-trained, and have immunization and physician's medical examination on file prior to the first day of school.**

Registration opens March 1<sup>st</sup>. Until March 31, priority will be given to children of the Southeast Local School District and preschool students currently in attendance. After March 31, enrollment of out of district residents will be considered on a "space available" basis.

If you are interested in this high quality preschool experience for your child, [please complete the attached registration form and return, along with copy of birth certificate](#), it to: **Southeast Local Schools**, 9048 Dover Road, Apple Creek, OH 44606. **A non-refundable \$30.00 registration fee is required to hold a space for your child.**

If you have any questions, please call Holly Mastrine, Director of Curriculum and Special Programs, at the Board Office 330-698-3001.

# SOUTHEAST LOCAL SCHOOLS STUDENT REGISTRATION FORM

Updated 1-22-19

Apple Creek Elementary    Fredericksburg Elementary    Holmesville Elementary    Mt. Eaton Elementary  
 **PRESCHOOL**    John R. Lea Middle School    Waynedale High School

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street Number P.O. Box #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_ (M or F)

Home Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
*Please send a copy of birth certificate with completed registration form.* (County) (City) (State)

Ethnicity: Hispanic / Latino Origin? \_\_\_\_ Yes \_\_\_\_ No Native Language: \_\_\_\_\_

**Race: ~ Check any that apply:**

\_\_\_\_ White   \_\_\_\_\_ Black or African American   \_\_\_\_\_ Asian  
\_\_\_\_ American Indian or Alaska Native   \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Parent/Guardian/Other Relationship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father or Step-father Mother or Step-mother

Mother's Maiden Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Brothers: \_\_\_\_/\_\_\_\_ Sisters: \_\_\_\_/\_\_\_\_ School District child lives in: \_\_\_\_\_  
# Younger # Older # Younger # Older

Is the student residing with both parents? \_\_\_\_ Yes \_\_\_\_ No

If no, who is legal custody vested in? \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Co-Custody

**It is state law that a copy of the court ordered custody decree be presented at the time of enrollment.**

Please circle the county in which parent lives: 38-Holmes   85-Wayne   76-Stark

Last school attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Last date attended previous school: \_\_\_\_\_ Cause of change: \_\_\_\_\_

Does your child receive any special services? (Speech, Tutor, Spec. Ed., etc.) \_\_\_\_ Yes \_\_\_\_ No

**Facts concerning the child's medical history including allergies, medication currently being taken, any physical impairments or emotional problems (fears/anxieties) to which the school should be alerted:** \_\_\_\_\_

**PRESCHOOL PARENT/GUARDIAN SIGNATURE:**

**I fully intend to enroll my child in the program and agree to comply with the rules and regulations of the program to the best of my ability. Signature of parent/guardian \_\_\_\_\_ Today's date: \_\_\_\_\_**

**FOR OFFICE USE ONLY:**

Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_ Homeroom # \_\_\_\_\_ Bus # \_\_\_\_\_

Entered: \_\_\_\_\_ Sent for records: \_\_\_\_\_ Records Received: \_\_\_\_\_ Career Center: \_\_\_\_\_